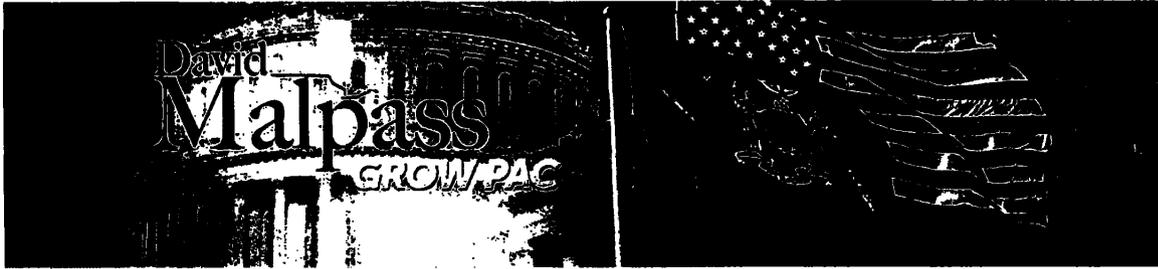


RECEIVED

2010 NOV 30 AM 8:26

FEC MAIL CENTER



November 23, 2010

Ms. Kaitlin Eger
Senior Campaign Finance Analyst
Federal Election Commission
999 E Street, NW
Washington, DC 20463

Dear Kaitlin:

As per our telephone conversation, attached please find the completed form (Line 9). If you should require additional information, please don't hesitate to contact me at 212-876-4400.

Best regards,

A handwritten signature in cursive script that reads 'Elizabeth Tarpinian'.

Elizabeth Tarpinian
Assistant to David Malpass

Enclosure

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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

GROW PAC

ADDRESS (number and street) 28 West 44th Street

(Check if address is changed) Suite 603

NY NY 10036

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed) David.MALPASS@Gmail.COM

COMMITTEE'S WEB PAGE ADDRESS (URL) under construction

(Check if address is changed) GROWPAC.COM

2. DATE 10 13 2010

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DAVID MALPASS

Signature of Treasurer [Signature] Date 10 13 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
-----------------------------	----------------	-------	--------	-----------	----------------

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organization	Trade Association	Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

David MALPASS

Mailing Address

128 West 44th Street

Suite 603

NY

NY

10036-

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

917-683-4568

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

DAVID MALPASS

Mailing Address

128 West 44th Street

Suite 603

NY

NY

10036-

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

917-683-4568

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Full Name of Designated Agent

Mailing Address

Title or Position

Telephone number

CITY

STATE

ZIP CODE

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CITIBANK

Mailing Address

1155 Avenue of the Americas

New York

Ny

110036

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10030500888



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-1
999 E Street, NW
WDC 20463

November 5, 2010

David Malpass, Treasurer
Grow PAC
28 West 44th Street
Suite 603
New York, NY 10036

**Response Due Date:
December 10, 2010**

Identification Number: C00490292

Reference: Statement of Organization, received 10/13/10

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **Failure to adequately respond by the response date noted above could result in an audit or enforcement action.** Additional information is needed for the following item:

-Your committee failed to list a campaign depository on Line 9. Please be advised that each registered political committee must designate a campaign depository or depositories. The committee must maintain at least one checking account or transaction account at one of the depositories. 11 CFR §103.2 Please identify the depository or depositories that will be used by your committee. 11 CFR §102.2(a)(1)(vi)

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action. **Requests for extensions of time in which to respond will not be considered.**

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please

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contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1143.

Sincerely,



Kaitlin Eger

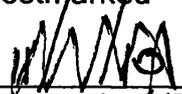
Senior Campaign Finance Analyst
Reports Analysis Division

315

10030500890

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked


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USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked



PREPARER
(3/2005)

11/30/10
DATE PREPARED

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